

BEST AVAILABLE COPY

10/6/36357

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1		1			
4	1	1	1	1		
5	1					
6						
7	1					
8	1					
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23	1					
24	1					
25						
26						
27	1					
28	1					
29						
30	1		1			
31	1		1			
32						
33	2					
34	1		1			
35	1		1			
36						
37	3		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		5		5		
TOTAL DEP.	←	30	←	30	←	30
TOTAL CLAIMS		55		55		55

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						